

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DATA TRANSMISSION  
Attorney Docket Number:: 116-104US  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Sugested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: PIETER  
Middle Name:: CORNELIS  
Family Name:: LUNENBURG  
City of Residence:: WAIUKU  
State or Province of Residence::  
Country of Residence:: NEW ZEALAND  
Street of Mailing Address:: 5 BRIGHTS ROAD

City of Mailing Address:: WAIUKU  
State or Province of Mailing Address::  
Country of Mailing Address:: NEW ZEALAND  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name:: CHARLES BRYAN  
Family Name:: WOODHEAD  
City of Residence:: COCKLE, HOWICK  
State or Province of Residence::  
Country of Residence:: NEW ZEALAND  
Street of Mailing Address:: 101 SANDSPIT ROAD

City of Mailing Address:: COCKLE BAY, HOWICK  
State or Province of Mailing Address::  
Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	509130	12/22/00	Yes

**Assignment Information**

Assignee Name:: Tru-Test Limited

Street of Mailing Address:: 25 CARBINE ROAD

City of Mailing Address:: MT. WELLINGTON

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::